MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10/598,776	9-11-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ʳ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT			AS FILED		AFTER 1ʳ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			e				51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8			e				58						
9			1				59						
10				1 —			60						
11				1 —			61						
12				1 —			62						
13				1 —			63						
14				1 —			64						
15				1 —			65						
16			1				66						
17				1			67						
18				1			68						
19							69						
20							70						
21							71						
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38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			2				TOTAL IND.						
TOTAL DEP.			8				TOTAL DEP.						
TOTAL CLAIMS			10				TOTAL CLAIMS						

PTO - 1360 (REV. 11/04)

Barbara Campbell, PCT National Stage